



REQUEST FOR RECONSIDERATION OF CLASSIFICATION ALLOCATION

ND Human Resource Management Services
SFN 2585 (12/96)

Refer to NDAC 4-07-03-11

Position No	Agency Department or Institution		
Current Classification Title		Class Code	
Requested Classification Title		Class Code	
Name of Employee (last, first, m.i.)			
STEP 1	To be completed by appellant if employee initiated or by appointing authority if agency initiated.		
A. Indicate specific items which form the basis of this request for reconsideration.			
B. Provide rationale for disagreement with the decision of HRMS as related to the items in A above.			
		Signature of Employee/Appointing Authority	Date
STEP II	To be completed by the immediate supervisor of the position.		
A. State your agreement/disagreement with the request for reconsideration and your rationale for that agreement/disagreement.			
		Signature of Immediate Supervisor	Date
STEP III	To be completed by Appointing Authority.		
A. State your agreement/disagreement with the request for reconsideration and your rationale for that agreement/disagreement.			
		Signature	Date
Agency Personnel Officer		Appointing Authority	Date
STEP IV	Human Resource Management Services Response:		
Signature		Signature	Signature
Date		Date	Date

WHITE: Human Resource Management Services. BLUE: Agency. GREEN: Budget. CANARY: Employee. PINK: Agency Suspense.
GOLDENROD: Employee Suspense.